

account of this subject is contained in the *Inaugural Thesis* of Dr. Barth, of Paris, published in 1837, and is founded on an analysis of twenty-four cases, of which one was original. The diagnostic symptoms are chiefly the following: coldness, weakness, and numbness of the lower limbs, without pain in the spine or symptoms of apoplexy, and then the appearance of ecchymosis on the extremities. If these signs, or some of them, fail, there may still be observed strong pulsations of the arteries of the upper part of the body, and comparatively feeble ones of those supplying the lower limbs, unwonted force of the intercostal arteries, and sometimes a difference like that just noticed in the pulsations of the aorta itself above and below the point of stricture. In Dr. Clark's case, as in others, a loud sawing sound was heard beyond the seat of the disease, but on the cardiac side of it not at all.

The foregoing are the principal points in the work before us which seemed to call for criticism, or which make some addition to the knowledge which was already possessed concerning thoracic diseases. The work of Dr. Swett, taken as a whole, will be found useful by the learner, to whom it seems particularly addressed, because it presents its subject in a plain, intelligible, and accurate manner. The practitioner will value the illustrations drawn from the author's personal experience, and appreciate the simplicity and good sense which mark its precepts.

A. S.

ART. XVII.—*Reports of American Institutions for the Insane.*

1. *Of the New York State Lunatic Asylum*, for 1849 and 1850.
2. *Of the New York City Asylum (Blackwell's Island)*, for 1849 and 1850.
3. *Of the New Jersey State Asylum*, for 1849 and 1850.
4. *Of the Pennsylvania Hospital for the Insane*, for 1849 and 1850.
5. *Of the Frankford Asylum*, for 1848, 1849, and 1850.
6. *Of the Maryland Hospital*, for 1846, 1847, 1848, 1849, and 1850.

1. Dr. BRIGHAM, the late distinguished superintendent of the New York State Asylum, died in the summer of 1849, and his place, during the remainder of the year, was filled by his principal assistant, Dr. George Cook, by whom the report before us was written.

	Men.	Women.	Total.
Patients at the beginning of the year . . .	241	254	495
Admitted in the course of the year . . .	192	170	362
Whole number	433	424	857
Discharged	207	201	408
Remaining at the end of the year . . .	226	223	449
Of those discharged there were cured . .	113	90	203
Died	35	34	69

"During the past summer," says the report, "while the epidemic cholera pervaded a large portion of our country, we, through the kindness of an overruling Providence, were spared from its ravages; and, with the exception of some cases of dysentery, in the months of August and September, the general health of our patients was good. But in the month of December last (1848), the asylum was visited by the smallpox, which continued to prevail amongst us for several weeks, and in a number of cases proved fatal. No person who came here had the disease at the time of admission, or, as far as we could learn, had come from a section of the country where it was prevalent. It made its appearance in the female division of the asylum, and the first case occurred in a patient who had been here about seven months." The first, second, third, and fourth cases were very mild; the fifth, in a patient who had been at the asylum several months, confluent and severe. When attacked, the patients were removed to the infirmary.

"Of four hundred and ninety patients who were in the house at the time, and who were more or less exposed, forty-eight took the disease; viz., twelve

men and thirty-six women. Thirty-three had it in a mild form; of these, six were men and twenty-seven women. Fifteen had the confluent form, of whom six were men and nine women. Fourteen died in the course of the disease, or soon after its termination; viz., five men and nine women, of whom eleven died of the disease, and, in the other three, death was only perhaps a little hastened by it." Besides the above, eight attendants had the disease, two of whom died.

The remaining fifty-five deaths were caused as follows: Dysentery 14, meningitis 7, consumption 6, exhaustion following excitement 5, general paralysis 4, epilepsy 3, marasmus 2, diarrhœa 2, pneumonitis 2, ascites 1, hydrothorax 1, suicide 1, puerperal fever 1, "disease of spinal cord" 1, erysipelas 1, apoplexy 1, "serous diarrhœa" 1, old age 1, "peritoneal inflammation from perforation of the intestines" 1.

The general system of moral treatment introduced by Dr. Brigham is still pursued. The tailor's shop appears to be no unimportant item in this system, as the report contains a list of no less than *four thousand six hundred and four* garments and articles of household furniture made in it during the year.

The officers of this institution have, for several years, taken particular pains to ascertain the number of suicides that occur within the State of New York. They think that "nearly all" are included in their tables, the totals of which are—for 1845, *seventy-four*; 1846, *sixty-four*; 1847, *one hundred and six*; 1848, *eighty-eight*; and for 1849, *sixty-two*.

The report for 1850 is the first issued by Dr. N. D. Benedict, the successor of Dr. Brigham. It is elaborate, and ably written.

	Men.	Women.	Total.
Patients at the beginning of the year	226	223	449
Admitted in the course of the year	185	182	367
Whole number	411	405	816
Discharged	209	178	387
Remaining at the end of the year	202	227	429
Of those discharged, there were cured	94	77	171
Died	34	17	51

Causes of death.—Chronic mania 12, acute mania 2, dysentery 13, general paralysis 3, erysipelas 4, pleuritis 2, phthisis pulmonalis 2, diarrhœa 2, operation for strangulated hernia, acute gastritis, typhus fever, acute dementia, aneurism of aorta, phagedæna, ascites, metro-peritonitis, strangulation, suicide, 1 each.

Of the deaths from chronic mania the report says: "These cases presented no evidences of organic disease; no inflammation, or results of inflammation, in any tissue or organ. For months before their dissolution the capillary circulation became extremely feeble, the secretions imperfect, the elaboration and appropriation of food defective, and consequent emaciation ensued. The whole train of morbid phenomena being referable to insanity, it seems proper to report them as dying of mania rather than of marasmus." We suspect, however, that such cases are, in most asylums, reported as deaths from marasmus.

"Thirteen died of dysentery, though it was at no time epidemic in the institution. We include, under this head, a form of disease very unlike dysentery of private practice and of general hospitals, but which we believe is very common in asylums, and which we do not recollect to have seen called by any other name. It occurs in chronic cases whose powers of life have long been gradually sinking, and, in recent cases, who have become much exhausted by protracted excitement. Without premonitory symptoms, or exposure to known exciting causes, the patient is suddenly seized, and generally in the night, with bloody discharges, scanty and gelatinous, or, more frequently, copious and serous, with no heat of skin or abdomen, nor pain or thirst, or loss of appetite or strength. Death supervenes a few days after the attack. We have perceived but little benefit from remedies in this form of disease, the treatment for ordinary dysentery proving entirely nugatory."

There were twenty-three cases of erysipelas in the course of the year, mostly

in the cold months, when the air of the halls was the most impure. "It is said of one of the New England hospitals, before infested with erysipelas, that, after the introduction of a system of forced ventilation, this formidable disease entirely disappeared."

One of the cures reported was that of a man who had been insane upwards of six years, had been several years in the asylum, and long considered as demented and incurable. "He would stand for hours in strange postures, apparently without thought or feeling. Gradually, he began to take notice of things around him, and to exercise. He resumed his trade, that of a tailor, and at length acquired his former dexterity and skill." This case furnishes another proof, not only of the importance of perseverance in the treatment of the insane, but also of the singularity of this wonderful and mysterious disease. By "perseverance in treatment" we mean the keeping of the chronic insane at institutions where the circumstances of their position furnish the greatest aid to a spontaneous or natural cure; for we presume that, in this case, *medical* treatment had long been abandoned. The case reminds us of one which once came under our observation. A lunatic had been under curative treatment until the hope of restoration was relinquished. He was pronounced incurable; a commission of lunacy was immediately appointed, his case legally investigated, and he was put under guardianship. *Within three weeks from that time he was perfectly well, and soon returned to his employment as clerk in a large mercantile establishment.*

In the treatment of acute mania, with violence, raving, and consequent exhaustion, Dr. B. employs seclusion, hot baths with cold applications to the head, and free evacuation of the bowels. "*In no case,*" says he, "*have we found local or general bleedings admissible; but, on the contrary, nutritious diet and brandy-punch are generally demanded.*"

The physician by force, in Molière's "*Médecin Malgré Lui*," speaks of the stomach as being situated upon the right side, and the liver upon the left. An interlocutor seems puzzled by this asserted position of the viscera, and mentions his impression that the stomach is on the left side and the liver on the right. Hereupon the physician by force acknowledges that, *formerly*, such was their position, but very sagely adds, "*nous autres médecins, nous avons changé tout cela.*" With much more truth may it be asserted, in regard to the treatment of acute mania, as recommended by Rush, and as generally practised in this country until within a comparatively few years, "*nous avons changé tout cela.*" This change has taken place, not at the Utica Asylum alone, but at all, or nearly all, the institutions for the insane in the United States.

"Of moral, or, perhaps more correctly, *immoral* insanity," says the report, "nine cases have been under our care, two of whom have been admitted within the last year. These cases present the various forms of derangement, from the mere rascally little sinner (two were lads) up to the most aggravated form of the genuine disease. We have an idea that a remedy, not much known to modern science, but in vogue in the days of Solomon, commenced early and faithfully persevered with, would have been eminently successful in preventing the development of the disease, or, at least, arrested its progress before its full establishment. One of our patients is the exact counterpart, if not the identical fellow seen by Mr. George Combe, in the Dublin Lunatic Asylum, who exhibits a total want of moral feeling and principle, yet possesses intelligence, ingenuity, and plausibility. He has been a scourge to his family from childhood; was sent to the army to get rid of him, from which he was turned out as an incorrigible villain, always fighting and getting drunk, for which he was repeatedly flogged. By seclusion, he becomes so savage as to render the task of entering his room and supplying his wants by no means enviable; and when at large he often assaults those around him. His chief employments are eating and fighting, and although he is constantly endeavouring to '*get out of these barracks,*' he seems to have no particular object in view but the more free indulgence of these propensities. In all but this one case, moral treatment alone has accomplished our object; but on him little moral influence can be exerted. By the aid of nauseating remedies and purgatives, frequently ad-

ministered, we are enabled, in some degree, to control him. Blisters and setons to the back of his neck are now being tried."

The physicians to insane hospitals generally acknowledge their tables of the "causes of insanity" to be comparatively valueless. That they are so, we have a striking proof in the report before us. Of the *two thousand three hundred and seventy-six* patients admitted previously to 1849, only *nineteen*, or *four-fifths of one per cent.* are reported as having originated from masturbation; while of *three hundred and sixty-seven*, received in the course of the year mentioned, *fifty-three*, or more than *fourteen per cent.* are attributed to that cause. Now, no reasonable man can believe that both of these statistical items can be true. Whence is the error? In the fact, undoubtedly, that they were reported, the former by one physician, and the latter by another;—by two men who, although they may have been equal in talent, learning, and skill, may have *favoured different theories*; or the one may have been somewhat more thorough in his investigations than the other.

"Frequently," writes Dr. B., "the patient himself can give the most satisfactory cause of his insanity, and often the very opposite to that attributed by his friends. This is especially true of masturbators, whose insanity is looked upon by friends as caused by 'religious anxiety,' because the first evidence of it noticed was an extraordinary anxiety about their salvation; an inordinate fear of future punishment; or abandoning all occupation but that of reading; or holding a Bible as if reading; or praying; or mumbling incoherent sentences, in an attitude of prayer, at improper times and places; or 'trying to tell his experience' in a religious meeting; or joining in and going to great lengths in the excitement of protracted religious meetings, or in such like acts. Another class, frequently placed under the head of 'religious anxiety,' are religious monomaniacs, whose insanity is undoubtedly referable to dyspepsia, habitual indigestion, and constipation, and the injudicious use of remedies for these diseases."

In the treatment of masturbation, "we rely mainly on mechanical restraint and aphrodisiac medicines. The combination we prefer is that of conium, camphor, and belladonna; and we think we have indubitable evidence of its power. We sometimes prescribe blisters and cold baths with advantage."

Although we have exceeded our usual limits in the notice of this report, we cannot leave it without laying before our readers the following extract:—

"Of the 816 patients in the institution, during the past year, the suicidal propensity existed in 66, 22 males and 44 females. There were 28—21 females and 7 males—in the house at one time. In 20 of these 21 females the propensity was intense. To have at one time under care twenty-eight persons bent upon destroying themselves, is a burden which they alone know who bear it, increased by the necessity of carrying, at all times, amid surrounding sadness, a cheerful countenance over a heavy heart. The successful attempt at self-destruction, before reported, was made on the 12th of July, by a female patient of our most intelligent class. Her melancholy end became known to her companions, with whom she was a favourite, and, on the following day, two other patients on the same hall were overheard devising a plan for their own death. About this time, the suicidal propensity prevailed extensively, and seemed to be epidemic. There were admitted, during the month of July, the large number of forty-four patients, from different portions of the State, *nineteen* of whom were suicidal. Several of these had attempted suicide immediately previous to admission. Two patients, *who had long been in the house, and never exhibited suicidal propensities*, attempted it during the month (on the 13th), *though they had no knowledge of the violent death that had occurred in another portion of the building*. On the 17th, a patient, believed to be entirely ignorant of all that had occurred previously, attempted strangulation, and continued to repeat the attempt until restrained by mechanical means. On the 20th, a patient tried to open a vein in her neck; and, on the 22d, another, who knew of the suicide, and was no doubt influenced by it, attempted her destruction.

"From the 14th of July, fourteen attempts were made by eight different persons; and twelve others, in whom the propensity was strong, required constant observation. The suicidal epidemic prevailed from the 12th to the end of

July; after which time it gradually subsided, and left the minds of most of the patients."

The whole number of patients admitted, since the opening of the asylum, is,				2743
Of whom there have been discharged cured				1188
Died				320
2. The number of patients at the Asylum on Blackwell's Island, New York, January 1, 1849, was,				
	Men.	Women.	Total.	
Admitted in the course of the year	187	250	437	
Whole number	229	230	459	
Discharged	416	480	896	
Died	145	138	283	
Remaining, January 1, 1850,	85	127	212	
Of those discharged there were cured (from insanity),	186	215	401	
			172	

Thirty-six cases of delirium tremens, one of hysteria, and three of febrile delirium, also recovered.

Causes of death.—Cholera 86, chronic diarrhoea 38, diarrhoea 10, dysentery 4, consumption 21, congestion of brain 12, apoplexy 5, epilepsy 5, paralysis 2, paralytic générale 3, typhoid fever 8, delirium tremens 3, erysipelas 2, old age 4, and of scrofula, scurvy, suicide, albuminuria, typhoid pneumonia, chronic peritonitis, softening of the brain, dropsy, and exhaustion from exposure to cold, before admission, 1 each.

There were more deaths in June and July than in the remaining ten months—a mortality caused by the prevalence of the cholera. The first case of this disease was on the 10th of June, when there were 577 persons in the establishment, of whom 497 were patients. Of the whole number, 148 were attacked, and 91 died. The greatest number of new attacks, on any day, was 15, on the 9th of July; the last attack was on the 26th of the same month. "The principal sufferers were those who were usually lying about upon the floor or benches, regardless of their situation, and, in some cases, addicted to filthy habits, resulting from their demented state. Their physical condition was impaired generally."

The subjoined table shows the duration of the disease, from the time of attack, in the 91 cases of death:—

- 6 died in from 3 to 6 hours; all were collapsed *ab initio*.
- 18 " 6 to 12 hours; all were collapsed *ab initio*.
- 30 " 12 to 20 hours; all were collapsed, apparently *ab initio*.
- 16 " 20 to 30 hours; all collapsed from 4 to 12 hours after attack.
- 6 " 30 to 48 hours: 5 collapsed, 1 partially collapsed.
- 4 died on the 3d day; all partially collapsed, and died from prostration.
- 4 died on the 4th and 5th; 2 collapsed, 2 partially so; all died from consecutive fever.
- 7 died after the 5th; 3 collapsed, 2 partially so; all died from consecutive fever.

"In those who were not entirely demented the intellectual powers were apparently improved during the severity of the disease; but, at its subsidence, the mind resumed its previous condition."

Of the 148 cases, there was neither diarrhoea nor vomiting in 1, no diarrhoea in 1, no vomiting in 5, and no cramps in 59. Diarrhoea, vomiting, and cramps occurred in 82 and complete collapse in 90. Prenomitory symptoms were known to exist in 61, to be absent in 31; and there were 56, in regard to which this fact was unascertained.

"In the case in which vomiting and diarrhoea were absent, there were severe cramps in the extremities, and extreme collapse, death occurring in three hours, followed by strong muscular contractions. The patient in whom diarrhoea was absent had severe cramps in the extremities and abdomen, excessive vomiting and feeble pulse, but recovered. The five in whom vomiting was absent were collapsed directly after the commencement of the disease. In one, cramps were

likewise absent. All died, in three, five, four, three, and sixteen hours respectively. Of the 59 cases in which cramps were absent, 13 were partially and 32 completely collapsed: 36 of this number died."

The term *collapse* is used here in reference to those cases alone in which the patient was pulseless.

The erection of a new "Lodge" for violent patients, and of a large addition to the principal building, has given to the patients of this institution the additional room which was so much needed; and, rendering the improved management the more effective, has been of no little assistance in elevating the establishment above the wretched condition which made it a "shame and a reproach" to a Christian community. "Less restraint," says Dr. Ranney, "has been requisite, and frequently it has not been necessary, during the day, to apply any restraining apparatus, or even to confine a single patient to his room. The number of violent paroxysms, accidents, and attempts to commit suicide, has been lessened. At least one-third of the whole number of patients have been engaged in some species of labour."

Why, Dr. Ranney, people who visited your institution in 1846 would hardly know where they were should they call there again. At that time, one would have as soon looked for a library at the sources of the Nile, or among the Esquimaux, as at that asylum; but now the patients are supplied with "biography, history, geography, philosophy, theology, poetry, fiction," &c., and "free access to the reading-room has contributed much to the restoration of convalescents." That is as it should be. No more blessed resurrection has occurred within the limits of our experience.

In the report of the visiting physicians, Drs. Ogden and Williams, it is remarked, in reference to the cases of cholera, that "several patients refused to take medicine, and those all died; while many in apparent extreme collapse recovered under medical treatment—an important fact, showing the fatality of the disease when left to the unassisted efforts of nature."

	Men.	Women.	Total.
By the report for 1850, it appears that the number of patients, on the 1st of January, was . . .	186	215	401
Admitted in the course of the year . . .	195	196	391
Whole number . . .	381	411	792
Discharged . . .	138	113	251
Died . . .	43	34	77
Remaining, December 31st, . . .	200	264	464
Of those discharged, there were cured . . .			179

Among the cures were 25 cases of delirium tremens.

Causes of death.—Consumption 23, general debility 20, paralysis 6, paralysis générale 5, congestion of the brain 5, epilepsy 2, apoplexy 2, dropsy 3, stomatitis 2, suicide 2, inflammation of the brain, diabetes, empyema, lumbar abscess, erysipelas, chronic diarrhœa, and old age, 1 each.

The proportion of deaths, upon admissions, was four per cent. less than in 1848, and ten per cent. less than in any other year; that of recoveries was two per cent. greater than in 1848; and ten per cent. greater than in any previous year. Such are the expected, because the legitimate, results of the improved and still improving condition of the asylum.

From motives of "economy"—whether *domestic* or *political* we cannot assert, though, judging from the management of some of the institutions upon Blackwell's Island, while they were under the government of the common council of the city, we should strongly suspect it to be the latter—the convicts of the penitentiary have been employed as domestics and attendants at this establishment. Some of the results of this system are thus alluded to in the report:—

"The prisoners not only steal the clothing of the patients, but anything else of value that falls in their reach. As an illustration, the following case may be mentioned, as one from a great number of cases of a similar character. A few years ago, a young lady, who had been insane for some time, was admitted,

and, although partially demented, her self-esteem was gratified by the possession of a beautiful head of hair. The morning after admission, it was observed that her head was completely shorn, and, after a long examination, the ringlets so highly valued were found in the possession of a prison aid in the hall, who had committed the theft for the purpose of selling them to a peruke-maker."

The correction of this evil, by hiring suitable attendants, has been commenced, and will, undoubtedly, be completed before long. Various improvements, both within doors and without, were made in the course of the year. Among the former is the allowance, "*for the first time*," to the patients, of knives and forks, in several of the halls. One of the best evidences of improvement, to persons who know the former condition of this asylum, is found in the gardener's report, where it is stated that an aggregate of 2779 days' labour was performed by the patients, between the 26th of May and the 31st of December. They raised *twenty thousand* cabbages, and other vegetables in proportion.

The visiting physicians, in their report, say that the number of pauper lunatics in New York city, on the 1st of September, 1834, was 116; whereas, on the 1st of January, 1851, it was 464. "Estimating the future increase from these data, the city and county of New York will, fifteen years hence, have more than a thousand lunatics to be supported at the public charge."

They suggest various improvements, which, if adopted and effected, will render this institution one of the best of its kind. At the close of the report, Dr. Williams resigns the place of attending physician.

3. From the report for 1849, of Dr. Buttolph, of the New Jersey State Lunatic Asylum, we extract the following statistics:—

	Men.	Women.	Total.
Patients in the Asylum, January 1, 1849, . . .	46	37	83
Admitted in the course of the year . . .	55	41	96
Whole number . . .	101	78	179
Discharged . . .	39	30	69
Remaining, January 1, 1850, . . .	62	48	110
Of those discharged, there were cured . . .	24	20	44
Died . . .	4	5	9

Causes of death.—Exhaustion 5, consumption 2, chronic diarrhœa 2.

"During the prevalence of the cholera, in neighbouring places, a marked epidemic tendency to affections of the digestive organs prevailed in the institution; but no death, or very alarming sickness of that character, occurred."

The cure of a woman, insane more than *eighteen* years, and that of a man whose disease had existed upwards of six years, are reported. Of the former, Dr. B. says: "No expectation was entertained of her recovery by her friends or the officers of the institution; and it must be regarded as a very unusual exception to the general rule of success, and to be attributed rather to a happy and rare effort of nature, than to the course of treatment adopted, which, at best, could only be considered as having favoured such a result." Of the latter he remarks, that in the recovery of the patient he was "also agreeably surprised, and could scarcely believe that a permanent cure had been effected, until some months of careful observation of his mental state had established the fact."

Now, granting that both of these remarkable cures were, as is suggested of the first, the effect of a "happy effort of nature," the question may still be asked, If it be likely that the "happy effort" would have been crowned with such success, had the patients not been taken to an asylum? We think it would not. Nature wanted just such assistance as can be and is rendered by a well-conducted institution.

The principal part of this report is devoted to a detailed account of the management of the institution, its daily domestic duties, &c. &c.

We proceed to the report for 1850.

	Men.	Women.	Total.
Patients at the beginning of the year	62	48	110
Admitted in the course of the year	52	58	110
Whole number	114	106	220
Discharged	28	30	58
Remaining, January 1, 1851,	86	76	162
Of those discharged, there were cured	15	17	32
Died	6	4	10

Causes of death.—Apoplexy 3, consumption 2, exhaustion 2, chronic mania 1. Dr. Buttolph makes the following remarks upon treatment:—

"We use medicine sparingly, being influenced somewhat by the opposition that many insane have to taking it; but more especially by the fact, that a physiological treatment is frequently quite as salutary as medical, and vastly more agreeable to the patient. Under the head of mental and moral treatment we include all those means and influences that can be brought to bear upon a person through the medium of the mind and feelings. Thus, the removal of a person from home, and the associations with which their excited, depressed, or perverted feelings have arisen, is often nearly all that is required to restore the healthy balance of the faculties. But, in addition to the effect of separation from irritating causes at home, the new scenes, regulations, employments, amusements, and, indeed, the petty inconveniences and even annoyances met with in an institution, often have the effect, insensibly, to withdraw the attention of the patient from subjects upon which he has dwelt to his injury. Hence, treatment in an asylum is usually more successful than in private, and, as a general rule, is to be recommended. Occasionally, however, cases arise in which the question of removal from home can only be properly settled by an experienced medical adviser, or by resort to the experiment of change."

After mentioning some improvements in the means of heating the buildings, which is done by steam, the report continues as follows: "As now working, we may safely challenge the world to produce another apparatus so perfect in the arrangement of its details, and so satisfactory in its results."

Dr. B. recommends an enlargement of the building by the addition of two wings, one on either extremity of the present structure, and each to accommodate thirty-eight patients.

4. Dr. Kirkbride, in the report of the Pennsylvania Hospital for the Insane, for 1849, says that the institution was full at the commencement of the year, and continued so until its close. The average number of male patients was 110, and of females 99. An additional wing, for the accommodation of twenty more women, was constructed in the course of the year. "When the institution was opened, in 1841, it offered accommodations for only 140 patients and their attendants. Since then, additions have been put up, at various times, which will now contain 80 patients with their attendants, making four new classes of each sex, and giving two fine infirmaries, and a great variety of fixtures and arrangements, of immense importance to the comfort of all, but which were scarce thought of in the commencement of the main building."

The recent additions are heated by steam. "The character of the warm air from a steam or mild hot water apparatus," says Dr. K., "is so entirely different, and so incomparably more pleasant than that from the common hot-air furnace—its neatness, avoiding, as it does, all dust, dirt, or gas in the rooms, is so striking, and—after the first cost of the fixtures—its economy is so evident, that I feel no hesitation in saying that no one, who has had an opportunity of testing its advantages, will, with our present knowledge, be willing to see any other system than one of these adopted in any building like a hospital, whether for the ordinary sick or for the insane."

Patients at the beginning of the year	200
Admitted in the course of the year	208
Whole number	408
Discharged	187
Remaining at the end of the year	221
Of those discharged, there were cured	104
Died	19

Causes of death.—Pulmonary consumption 5, apoplexy 2, congestion of brain 1, acute mania 4, chronic inflammation of the intestines 2, chronic organic disease of brain 1, exhaustion from high excitement 2, bronchitis 1, pericarditis 1.

Upon the approach of the cholera, "every reasonable precaution was taken to avoid the exciting causes of that disease. When it is recollected that the epidemic prevailed for some time in our vicinity, and that a public institution within sight of us lost no less than two hundred and twenty-nine of its residents, of whom seventy were insane, we must all feel that we have cause for devout thankfulness to a protecting Providence that I am able to record the fact, that not only was there not a single case of cholera in our household, but that there was no serious acute sickness of any kind, and less general indisposition than is commonly prevalent in the institution and its vicinity."

"The museum and reading-room, put up by the patients and friends of the institution, and presented to it, as a Christmas offering, last year, has been in daily use, and has proved a source of great enjoyment to a large number of the inmates of the hospital." The report is ornamented with beautifully executed wood-cuts, representing the exterior and the interior of this building, so valuable an acquisition to the inmates of the establishment. There are, also, similar views of the "Patients' Cottage" and the "Ladies' Summer House."

Although the facilities furnished, at this institution, for the moral treatment of its patients, are not exceeded, perhaps not equalled, at any similar establishment in the country, yet Dr. Kirkbride, in his untiring philanthropy and his characteristic striving for the *perfect*, looks forward to more. "The treatment of the insane," says he, "has been gradually improved, till many persons believe that little more is to be accomplished. This, however, is a serious error, and ought to be disavowed by all who are familiar with the wants of the insane. Many highly important means of treatment are still to be procured, or their use widely extended, and nothing but an absolute want of pecuniary ability ought to prevent a much greater degree of efficiency than has ever yet been attained. Conspicuous among these means are the various measures connected with the direct mental treatment of the patients—important in all cases, even in those apparently the most hopeless—but indispensable for many whose diseases assume forms that make them peculiarly interesting."

The report for 1850 is the tenth issued by the institution and by Dr. Kirkbride. It contains so large an amount of valuable matter that, although there will be no difficulty in beginning to make extracts, yet we fear that it will not be so easy a matter to decide when and where to stop.

Patients at the beginning of the year	221
Admitted in the course of the year	207
Whole number	428
Daily average number	219
Discharged	215
Remaining at the end of the year	213
Of those discharged, there were cured	106
Died	27

Causes of death.—Pulmonary consumption 5, acute mania 5, inflammation of brain 3, apoplexy 2, dysentery 2, general paralysis 2, softening of the brain 2, exhaustion following excitement 1, chronic uterine disease 1, epilepsy 1, purpura 1, disease of heart 1, old age 1.

Six of the patients died within two weeks from the time of admission.

"While simple insanity does not often produce death, it unquestionably tends to lessen the average duration of life, by rendering the individuals labouring under it less able to resist attacks of acute disease, by the difficulty often experienced in discovering sickness in its commencement, and by the resistance offered to the adoption of a proper course of treatment. There is, however, an acute form of insanity which does often cause death by a kind of exhaustion induced by the combined operation of long-continued mental excitement, want of sleep, and refusal of food. To distinguish these cases from ordinary insanity, to which they have little resemblance, the mode in which death has appeared to

be caused has been inserted in the table. When acute disease of the brain has been referred to, it is intended rather to designate active inflammation of that organ than insanity."

After treating of the utility derived from the farm and garden, the workshop and mechanical department, and the museum and reading-room—the last of which has been found so useful that another, so that there shall be one for each sex, is desired—the report continues as follows:—

"During nine months of the past year, the course of lectures and entertainments in the lecture-room *was kept up regularly three times a week*, to the great gratification and benefit of the patients and those employed in their care. I have no knowledge of such a course having been regularly continued for so long a period in any other institution, and it was interrupted only on account of the hot weather rendering the room uncomfortable for so large an audience. During this intermission, on several evenings of the week, the patients were entertained in other modes, on the lawn in front of the main building.

"The practice of daily reading, by the teachers, to the patients in the different wards, especially those devoted to the more excitable class of patients, has been continued with marked good effect.

"The entertainments in the lecture-room have almost entirely done away with the social parties for both sexes that, in the earlier days of the institution, were frequently given, and the effects of the former have been found, upon the whole, to be much more satisfactory. Frequent sewing parties are still held by the matron, among the ladies of the different wards, and a grand entertainment, for all in the house, is always expected on Christmas eve, preparatory to the special dinner given on the following day."

A new feature has been added to the mental treatment, by the establishment of a library *in each ward*, of which there are sixteen. These libraries contain eleven hundred volumes. "A trial of three months has already been made with these books, and the result is most gratifying. The expressions of satisfaction, and of the benefit derived from them by the most intelligent patients, is of itself sufficient to show their great importance, and but three volumes, of little value, are reported to me as having been injured."

We now come to that part of the report which has reference to the whole period of the existence of the institution. This is introduced by some, in our opinion, very just remarks upon statistics, from which we shall extract the most important passages.

"The value of statistical tables, on any subject, must, in a great measure, depend upon the competency of the observer, and the care that is exercised in their preparation; *but the fact that there are some inherent difficulties in the case can scarcely be deemed a sufficient reason for making no attempt to overcome them, or not approaching as near as possible to absolute certainty.* There seems to be no sound reason why the statistics of insanity may not possess as much certainty as those of most other maladies. Notwithstanding the false deductions made by those who have carelessly analyzed these reports and tables, it must still be acknowledged that this evil will be likely to correct itself; and it cannot be denied that, with all their defects, the general circulation of hospital reports, containing the results of judicious treatment, has done more to enlighten the public mind in reference to insanity, to stimulate and give proper direction to the efforts of philanthropists, and eventually lead to a liberal provision for the wants of the insane generally, than all other means combined.

"One great error, often committed in reference to the statistics of hospitals for the insane, has been in using those from different institutions as a basis of comparison, without alluding to the varied character of these establishments, the kind of patients received, in regard to their curability and general health, the different modes prescribed for their admission, the authority to detain them for treatment without regard to the caprices of friends, and various other circumstances having an important bearing upon the results, and without a full knowledge of and allowance for which, all comparisons are perfectly useless.

"Of all the medical subjects that can be tabulated, the number is exceedingly small in which the statements are not, to some extent, matters of opinion,

and this latitude is as allowable in reference to insanity as to any other malady."

	Men.	Women.	Total.
Whole number of patients admitted . . .	999	807	1806
" " discharged cured . . .	466	377	843
" " of deaths . . .	104	72	176

"The number of males in the institution has generally preponderated (over that of females); but not universally. In nearly every year, at some period, the number of the sexes has been equal; and, at other times, there have been more females than males."

The attention of those who have made themselves familiar with the reports of our institutions for the insane, during the last ten or fifteen years, must have been arrested by the fact that the number of females, not only absolute but relative to that of males, in those establishments, has been gradually increasing. While this truth indicates greater public confidence in the utility and the management of the hospitals, it throws a doubt upon what was believed to be a fact in former years—that the number of insane men in this country exceeds that of insane women.

"Among the cases embraced in this report, by far the most prevalent cause of insanity has been ill health of various kinds, and in about the same proportion in both sexes. Intemperance is set down as the *direct* cause, in 106 (out of 1806) patients, of whom 97 were men and 9 women. This, however, is far from showing its real influence in the production of the disease. It tells nothing of its effect on others, nothing of the blighted hopes, the losses of property and character, the domestic difficulties and the mental anxiety, deep and depressing, which follow in its train and owe their origin to its existence. Loss of property, directly or indirectly, is a not unfrequent cause of insanity, affecting men much more than women; while domestic difficulties are a vastly more common cause of its existence among females than males."

Fifteen cases, ten men and five women, were attributed to fright. They "were well marked, and resulted directly from that cause." After mentioning various other causes, the report continues: "Two cases in men and five in women, are reported as caused by the use of opium; and four in men, by the use of tobacco. Opium is much more used by females than males, and its effects upon the mind, no less than upon the body, are of a most injurious character. The use of tobacco has, in many individuals, a most striking effect on the nervous system, and its general use in the community is productive of more serious effects than is commonly supposed. I have never seen anything more than a temporary annoyance result from its entire discontinuance, and by that course alone the complete re-establishment of impaired health has often been produced."

Some physicians report the loss of sleep as a not infrequent cause of mental derangement. Dr. K. gives no case from this origin, as he has found that the loss of sleep arose from some antecedent cause, or was the effect of the insanity.

When the physicians to asylums have deprecated the practice of general bleeding in insanity, they have frequently been met by the argument that *they* do not receive patients until the acute stage has passed away, and that, consequently, their authority for the treatment of that early stage cannot be valid. Of the 1806 cases reported by Dr. Kirkbride, in no less than 913 the disease was of less than three months' duration. It is not unreasonable to suppose that a large number of these had not existed two months, and many of them not one. Now, where are there any *ten* physicians, in general practice, in one city or vicinity, whose combined experience in the treatment of even *acute* insanity is equal to that of Dr. Kirkbride's? And yet we venture the assertion—and we call upon the Dr. to correct us, if we are in error—that, in all these 913 cases, Dr. K. has not practised resection, *for insanity*, in a single instance. He may have done it for apoplexy, or congestion of the brain; but for mania, melancholia, or any of the maladies generally included under the name insanity, we presume to say *never*.

But perhaps we shall be referred to the authority of Dr. Rush, whose work on mental disorders is the only one generally known in this country. If so, we have two answers and another authority to offer. First: If, in the time of Dr. Rush, venesection actually was the best treatment for insanity, it does not necessarily follow that it is so now. Second: We consider the authority of Dr. Kirkbride, in the treatment of this disease, as of far greater weight than that of Dr. Rush, and that simply because we believe his experience to have been greater. Now for our authority; and it comes from a high source, the centre of London. In the early part of the present century, the system of treatment at Bethlem Hospital for the insane "consisted of *bleeding, purging, and vomiting, in the spring months. A certain day was appointed on which the patients were bled; another when they were purged; another when they were vomited. They were bled in May, and again in June, the precise time depending on the weather.*" The two authorities are contemporaneous. The latter is from an hospital so elevated in its position, that it is the only one, in the whole kingdom of Great Britain and Ireland, which is exempted from the inspection and surveillance of the Commissioners of Lunacy, and whose physicians, it must, therefore, be presumed, are among the most eminent in London.

But the physicians of probably nineteen-twentieths of the institutions for the insane, not only in America and Great Britain, but in France, Prussia, and Austria, condemn the practice of general bleeding, in insanity, unless it be in rare and exceptional cases.

Dr. Kirkbride has found mania to be the most curable of any of the specific forms of insanity. Next, in this respect, follows melancholia. Monomania occupies the third place; and the least proportion of cures—fifteen in two hundred and twenty-one—was in dementia.

We close our notice of this report with an extract relating to the provision for the insane in Pennsylvania.

"It is now just about a century since the Pennsylvania Hospital, the pioneer institution for the insane in America, was incorporated by the Provincial Assembly, and opened for the reception of patients. With the exception of the Friends' Asylum, at Frankford, established in 1817, and an Insane Department of the Philadelphia Almshouse, at Blockley (which, a few years since, for the first time, took rank as a curative establishment), the Pennsylvania Hospital has been the only institution in the State to which any class of her citizens could resort for the treatment of insanity, and it was, strictly, the only one which offered relief from this malady, without cost, to the indigent of Pennsylvania.

"From the foundation of the Pennsylvania Hospital, in 1751, to the present time, 6062 insane persons have been admitted and treated in its wards. Of these, more than 1000 were poor, who received every care and attention without charge of any kind, and of whom a large proportion were restored to their families in perfect health, and many others, in various states of improvement; the number of this class, under treatment, being limited only by the income of the institution.

"It will be a fitting commemoration of the services rendered by a private charity to all classes of the insane, but especially to the indigent insane of Pennsylvania, during a whole century, that, exactly at the end of that period, our noble Commonwealth will have prepared and put in operation a State Institution,* intended to afford relief to all her citizens who labour under loss of reason, and which, with a judicious organization, and fostered by liberal and enlightened legislation on the part of the government, cannot fail to spread blessings of inestimable value throughout the community.

"When the new institution is in operation, about one thousand insane patients will be comfortably provided for in the State, and, except an hospital in its western part, Pennsylvania will require no material extension of the accommodations for her insane, for many years, although important improvements will be desirable in all the existing institutions."

5. The official year, of the "Asylum for the Relief of Persons deprived of the use of their Reason," at Frankford, Pa., commences with the 1st of March.

* At Harrisburg. It is now in operation.

	Men.	Women.	Total.
Number of patients, March 1, 1848	24	31	55
Admitted in the course of the year	19	19	38
Whole number	43	50	93
Discharged	.	.	46
Remaining, March 1, 1849	.	.	47
Of those discharged, there were cured	.	.	25
Died	.	.	5

Causes of death.—Effects of long excitement 1, organic disease of the brain 1, old age 1, tumour on the brain 1, acute mania 1.

Schools and lectures constitute a part of the moral or mental treatment of the patients. "The experience of the past year," says the report, "confirms the opinion heretofore expressed, of the great utility of mental occupation, as well as bodily labour, in the curative treatment of the insane; and also its great importance in promoting the comfort and well-being of those who are incurable. It is not to be expected that the latter class should be capable of making much advance in learning, though their mental powers are certainly strengthened, and more developed by being brought into use, and stimulated by exercise; but, independent of this, important benefits result to them, from the efforts made to interest and employ their minds, inasmuch as they soon begin properly to appreciate the care and attention required to instruct them, and manifest their willingness to repay it by increased correctness of deportment."

In the course of the year, means of forced ventilation were introduced into some parts of the building, the old bath-rooms were improved, and two new ones arranged.

The leading statistics, from the report for 1849, are as follows:—

	Men.	Women.	Total.
Patients at the beginning of the year	24	23	47
Admitted in the course of the year	16	11	27
Whole number	40	34	74
Discharged	.	.	26
Remaining at the end of the year	.	.	48
Of those discharged, there were cured	.	.	14
Died	.	.	4

Causes of death.—"Obstruction of the bowels" 1, acute bronchitis 1, typhoid fever 1, suicide 1.

"Although the cholera prevailed at Frankford and in the vicinity of the asylum, yet the inmates of the institution were mercifully preserved from its fearful visitation; but, during the last summer and the first fall months, epidemic dysentery prevailed, to a considerable extent, among the patients and their attendants."

The report says that "a detailed description of the means that have been employed (in treatment), would be little more than a repetition of the matter of previous reports," and, consequently, no such detail is given. We find a similar idea expressed in the reports of several other institutions. Now, so far as our observation has extended, comparatively few people read the reports of asylums for the insane, other than physicians and those who have some near relative or friend suffering under mental alienation. Hence, a very large proportion of those readers is constantly changing. The new class of them are mostly ignorant of the modern method of treatment, and ought, as they generally wish, to be enlightened thereupon. It has, therefore, long been our opinion that each report of every institution should contain a description of the moral treatment, so full as to give a clear comprehension of it to a person previously without any knowledge upon the subject.

At or about the commencement of the official year for 1850-51, an important change was made in the organization of the Frankford Asylum, by making a physician its superintendent or principal officer. Dr. Joshua H. Worthington,

who, for several years, had been the resident physician, was appointed to the place. He is well qualified for the fulfilment of its duties.

Patients at the beginning of the year	. . .	48
Admitted in the course of the year	. . .	20
Whole number	. . .	68
Discharged	. . .	25
Remaining, March 1, 1851	. . .	43
Of those discharged, there were cured	. . .	12
Died	. . .	2

"In general," says Dr. Worthington, "the time required for the cure of any case of insanity will depend on the promptness or delay with which the patient is submitted to proper treatment. The earlier the treatment is commenced, the more speedily will be the recovery; and the reverse. We occasionally, however, meet with cases of long duration, in which the condition of the patient has been much neglected, or where the disease may have been kept up by improper treatment, which recover rapidly when placed under different circumstances. An instance of this kind was that of a young man from one of the interior counties of this State, who was discharged during the last year. He had been insane for two years previous to his admission, and, at the commencement of the attack, had attempted to take his own life by leaping into a well, and afterwards had been kept bound with chains. Under our care, he recovered in the course of a few months; and, during the period of nearly a year that has elapsed since his return home, he has continued entirely well, and been usefully employed in the management of a farm."

In regard to the curability of insanity, Dr. W. states, that, "in this institution, with the reception of all classes, and the disadvantage of premature removals, the percentage of cures of recent cases, since 1842, is 72.25, there having been received, since that time, 191 cases of that description, of which 138 have been restored. If to this we add 10 per cent. as the probable loss sustained by premature removals, we shall have 82.25 per cent., which may be considered as nearly representing the proportion in which recent cases of insanity are curable. During the same period, 121 chronic cases have been admitted, 24 only of which, or 19.83 per cent., have been restored; the proportion of cures, on the whole number received in that period, being 51.92."

6. Dr. John Fonerden became connected with the Maryland Hospital in 1846; but no report, written by him, was published until the close of 1849. This report, therefore, contains the statistics of four years.

	Men.	Women.	Total.
Patients at the hospital, January 1, 1846	. . . 58	. . . 49	. . . 107
Admitted in the course of four years	. . . 139	. . . 113	. . . 252
Whole number	. . . 197	. . . 162	. . . 359
Discharged	. . . 131	. . . 95	. . . 226
Remaining, December 31, 1849	. . . 64	. . . 69	. . . 133
Of those discharged, there were cured	. . . 43	. . . 36	. . . 79
Died	. . . 40	. . . 17	. . . 57

"There were admitted, exclusive of the patients enumerated above, 107 private boarders affected with mania à potu. All of these were discharged recovered, except three who died. As asylums for the insane are not appropriate places for cases of this character, it will probably be discovered, in the progress of moral intelligence, that it is a proper function of the Temperance Societies to adopt the plan of building, on a farm near each of the principal cities, a suitable retreat; to be conducted, under the advice of a physician, by managers of mature age and discretion, who, having the promotion of temperance in view, and sufficient leisure, would aim, by their personal aid, to lead young men, after recovering from the dreadful malady, to love sobriety and usefulness of conduct."

"The number of recent cases of insanity admitted during the four years,"

continues the report, "was very small. Almost all the cases were of more than one year's duration before admission."

Dr. F. mentions the defects of the hospital, and the necessity of a "thorough reform." He evidently looks forward to a new architectural arrangement of the building, or to the erection of a new one, in a more suitable place. We hope that no considerations will induce the managers of that institution to decide upon the former course. Between the investment of a pretty large amount of funds in the attempt to make the present establishment what a hospital for the insane ought to be, and throwing the same sum into the river, there would be, in our opinion, but little choice.

In allusion to defective training, in early life, as a cause of mental disorder, the report closes with the following beautiful effusion of the heart of a father and, in the best and noblest sense of the term, a man:—

"How important is it, then, that childhood and youth should be gently led, by a patient and loving help, both in play and at pleasant work, into innocent habits of the mind, and, in agreement therewith, into bracing habits of the body. For, so far as such conjoined habits become identified with the physiological life, they will combat, triumphantly, many a hereditary peculiarity, mental and corporeal; and they will be strong in vital power to resist the invasion of disease. More than this; becoming, in due time, subservient to the religious principle, in its legitimate works of sincerity and justice, they will surely generate a purity of purpose in the discharge of domestic and all other duties; and thus, by exempting the mind from an abiding presence of selfish thought and inclination, they will be a safeguard against most of the secondary causes of disordered ideas and emotions, of incoherent speech and impulsive actions. So may the human mind, apart from the blighting power of unavoidable disease and accident, gradually work out its emancipation from the infirmities of a natural temperament; so can it earn the faculty of living in freedom according to reason."

Statistics from the report for 1850:—

	Men.	Women.	Total.
Patients at the beginning of the year	64	69	133
Admitted in the course of the year	25	15	40
Whole number	89	84	173
Discharged	21	11	32
Remaining at the end of the year	68	73	141
Of those discharged, there were cured	8	6	14
Died	5	1	6

Seven cases of mania à potu were also received, and discharged cured.

Dr. Fonerden calls the attention of the President and Board of Visitors to the necessity of providing additional accommodations for the insane, in the State of Maryland. The only argument adduced is the impossibility of receiving all the applicants at this institution. "It may now happen," says he, "that one or two months will elapse before another public patient can be received. In the mean time, urgent applications will continue to be made for the relief of the public and of families, and for the protection of the destitute insane, whose cases, in most of the counties, are dependent upon this institution for custodial arrangements. On the day of writing this, applications have been made for the admission of three patients at the expense of the counties."

P. E.

ART. XVIII.—*Obstetrics: The Science and the Art*. By CHARLES D. MEIGS, M.D., Professor of Midwifery, and the Diseases of Women and Children, in Jefferson Medical College, at Philadelphia, etc. etc. Second edition, revised. With one hundred and thirty-one illustrations. Philadelphia, Blanchard & Lea, 1852: 8vo. pp. 759.

THE work of Dr. Meigs, whether as a treatise adapted to indoctrinate the student into the science and the art of obstetrics, or as a table-book, for frequent reference on the part of the practitioner, has been already assigned, by the almost unanimous verdict of the profession, a very high rank among the numerous kindred works received as authoritative in this country and in Europe.

In the general correctness of its theoretical teachings, and the fulness, explicitness, and excellence of its practical directions, throughout the whole scope of the science and the art of which it treats, the volume before us will certainly bear a favourable comparison with the most esteemed of the obstetrical treatises in common use, while, in some respects, it appears to us better adapted than many of them for the instruction of the student and young practitioner.

The opportunity afforded by the demand for a second edition has been made use of by the author for introducing many improvements in the matter and style of the treatise, considerably augmenting the text, recasting some parts and cancelling others; while the literary execution of the whole has been subjected to a careful revision.

It is not our intention to enter upon an examination of the several additions and revisions that have been made in the present edition of Dr. Meigs's work, nor do we esteem this necessary, as it will, of course, very speedily find its way into the hands of the majority of American practitioners, to whom we can, with much confidence, recommend it, as embodying a very full exposition of the doctrines and practice of obstetrics—a sure guide to the learner, and, at the same time, a safe counsellor to the young practitioner in cases of doubt and of difficulty.

We confine our remarks, however, to that portion of the work which treats strictly of obstetrics—the science and the art. In the sections appropriated to the consideration of the pathology and therapeutics of the female, there are many important points, in relation to which we entertain opinions very different from those advanced by the author; opinions which we believe to be based upon accurate and accumulated observations—our own, as well as those of other practitioners in this country and in Europe.

The views advanced by Dr. Meigs in relation to puerperal fever—its nature and its treatment—though enforced with a plausibility and earnestness which would almost persuade us to receive them as true, are certainly calculated to lead the young practitioner into error. While it is admitted that peritoneal inflammation, or metritis, occurring in the puerperal female, though a disease, when neglected in its earlier stage, most dangerous and rapidly fatal, has nothing specific in its character, and may be disarmed of its violence, in a large number of cases, if attacked at its onset by bloodletting and other active antiphlogistic remedies, still numerous incontestable facts prove, beyond the possibility of doubt, that the parturient female is also liable to be attacked by a fever, which is peculiar in its character, communicable from the sick to the well, and by the intermediation of those who have been in immediate contact with the sick, and which holds a very close relationship to certain forms of erysipelas. This fever is in all cases attended by peritonitis, metritis, or uterine phlebitis; but there exists also, from the onset, a peculiar morbid element, a diseased condition, probably, of the blood, which gives to it a specific character, and peculiar malignancy. This form of puerperal fever most commonly occurs as an endemic. While it is scarcely controllable by any course of medication, experience has shown that in its treatment direct depletion by the lancet, as well as the other antiphlogistic remedies, are inadmissible.

As a history of the ordinary forms of puerperal peritonitis and metritis, we
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must admit the entire correctness of the account given by Dr. Meigs of what he terms child-bed fever, and recommend it to the closest attention on the part of the student and practitioner. Nor do we feel inclined to dispute the general outlines of the author's views in respect to its pathology, or to call in question his directions for its treatment. The objection we make is that, in treating of the subject of child-bed fever, Dr. Meigs has not covered the whole ground—that he has omitted an important form of puerperal fever, marked from its very onset by the most unequivocal indication of adynamia, and in regard to which neither his pathological nor therapeutical views are true; and that, by this omission, they who consult his work for instruction will be misled, by supposing that all cases of child-bed fever consist simply in inflammation of the womb or of its veins, or in inflammation of the peritoneum, and that free and early blood-letting is the only remedy upon which any reliance in their treatment can be placed; and though experience and careful observation will not fail to convince them of the inaccuracy of both propositions, it must, nevertheless, be at the expense of no little mortification, and professional disappointment.

In his pathology of cyanosis neonatorum, Dr. Meigs, we believe, stands alone; and certainly in opposition to all the recorded facts derived from morbid anatomy. In evidence of the correctness of the views advanced by him, he adduces a series of cases to show that cyanosis may be cured by placing the infant in such a position as he supposes will cause the weight of the blood to force down the valve of Botallus upon the open foramen ovale, and thus prevent the direct passage of the blood from the right into the left cavities of the heart. That in many cases of partial asphyxia occurring in children from causes unconnected with organic lesions of the respiratory or circulatory systems, almost immediate relief will be derived by causing the patient to assume the position indicated, is certainly true; it is even true, that in unquestionable cases of true cyanosis, all the prominent symptoms will frequently be very considerably relieved for a time by the same means; this does not prove, however, that the relief in these instances is caused by the closure of the open foramen in the septum between the two auricles of the heart. Such an explanation is a mere hypothesis, unsupported by any direct evidence; and in pathology, one hypothesis cannot be received in proof of the correctness of another.

D. F. C.

ART. XIX.—*The History, Diagnosis, and Treatment of the Fevers of the United States.* By ELISHA BARTLETT, M.D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, etc. etc. Third edition, revised. Philadelphia, Blanchard & Lea, 1852: 8vo. pp. 595.

As a faithful exponent of the present state of public opinion in relation to the history, pathology, etiology, diagnosis, and treatment of the fevers of this country, the work of Dr. Bartlett becomes a valuable if it be not an essential addition to the library of every physician, and we are pleased that the profession have so far endorsed this opinion as to require the issue of a third edition, thus giving the author an opportunity, of which he has industriously availed himself, to incorporate in the different chapters of the treatise whatever additions recent investigations have added to our knowledge of the several subjects discussed.

In treating of the fevers of the United States, Dr. Bartlett has not contented himself with a mere synopsis of the facts and opinions of the leading writers on the subject, but has carefully analyzed and compared their various observations and deductions, and has selected such only as appear to him to present most clearly the indications of accuracy and truth.

Dr. Bartlett strongly asserts the specific character of each of the four forms of fever described by him, namely, the typhoid, the typhus, the periodical, and the yellow fever; each of which, in his opinion, differs essentially from all the others. That ordinarily the several forms of fever alluded to present each well-